

## RESOLUTION

### BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

**THAT** the Mayor be authorized to sign an Emergency Management Performance Grant (EMPG) program application, Summary Sheet for Assurances and Certifications, and Disclosure of Lobbying Activities between the CITY OF EL PASO, STATE OF TEXAS GOVERNOR'S DIVISION OF EMERGENCY MANAGEMENT (GDEM) and the FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA). The application and associated forms will be submitted as part of an application for FEMA funding for the FY05 operating budget of the El Paso City/County Office of Emergency Management. The performance grant program will be administered by FEMA through the State of Texas Governor's Division of Emergency Management.

APPROVED this 21st day of September, 2004.


CITY OF EL PASO

\_\_\_\_\_  
Joe Wardy  
Mayor

ATTEST:

\_\_\_\_\_  
City Clerk

APPROVED AS TO FORM:

  
\_\_\_\_\_  
Marvin Foust  
Assistant City Attorney

APPROVED AS TO CONTENT:

  
\_\_\_\_\_  
Roberto Rivera, Fire Chief  
Fire Department

04 SEP 15 PM 1:46

GA 01-2005

## GRANT APPLICATION REVIEW

DEPARTMENT

Fire/Office of Emergency Management

TYPE OF GRANT

Emergency Management Performance Grant

CONTROL #

825

GRANTOR

FEMA through the Governor's Division Of Emergency Management

EFFECTIVE DATE

October 1, 2004 to September 30, 2005

MATCHING FUND REQ

☐

YES

☒

NO

SOURCE OF FUNDS (GRANT AMOUNT, MATCHING, IN-KIND, INTERGOVERN.)

Requesting a federal grant amount of \$134,211.50.

PERSONNEL FUNDED BY GRANT

SEP 7'04 AM 11:23

Federal funding offset for 2.5 staff members for the Office of Emergency Management (OEM)

OEM Coordinator

Asst. OEM Coordinator

OEM Secretary I

BRIEFLY DESCRIBE HOW GRANT WILL BE USED AND ANY SPECIAL CONDITIONS FOR GRANT:

The City of El Paso is requesting \$134,211.50 from FEMA to fund 50% of the FY05 operating budget for the Office of Emergency Management. The estimated FY05 operating budget for OEM is \$268,423.00.

Additionally, the City of El Paso is anticipating approximately \$57,000.00 from the County of El Paso to fund the El Paso City/County Office of Emergency Management.

The City of El Paso will fund the full operating cost for the Office of Emergency Management, and submit quarterly request for reimbursement from FEMA and the County of El Paso up to the amount awarded by the FEMA grant and the County contribution.

REVIEWED BY:

*C. Cristalli* 9-8-04

CHIEF FINANCIAL OFFICER

OMB

*David Amato* 9-8-04

GRANTS ACCOUNTING MANAGER

CHIEF ADMINISTRATIVE OFFICER

*William C. ...* 9/9/04

*D. Domlesky* 9/9/04

GRANTS COORDINATOR

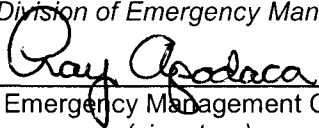
*Thomas M. Doyle* 9/7/04

COMMENTS

*[Large signature]*

**Fiscal Year 2005  
EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)  
APPLICATION**

**PLEASE PRINT OR TYPE**

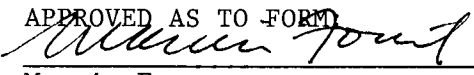
<b>1. APPLICANT NAME</b> ( <i>Jurisdiction</i> ): El Paso City/County Emergency Management		
<b>2. COUNTY:</b> El Paso		<b>3. DISASTER DISTRICT:</b> Sub 4a
<b>4. EMPG STATUS:</b> <input checked="" type="checkbox"/> <i>Current EMPG Program participant</i> <input type="checkbox"/> <i>New EMPG Program applicant</i>		
<b>5. PROGRAM PARTICIPANT:</b> ( <i>List all jurisdictions that are participants in your emergency management program. Identify any jurisdictions that have joined or withdrawn from your program in the last year.</i> ) County of El Paso Cities of : Anthony, Clint, Horizon, El Paso, Socorro, and Vinton		
<b>6. CHECKLIST OF APPLICATION ATTACHMENTS:</b> ( <i>See the FY 2005 Local Emergency Management Program Guide for further information on completing these forms.</i> ) <input checked="" type="checkbox"/> Designation of Grant Officials (form DEM-17A) <input checked="" type="checkbox"/> Statement of Work & Progress Report (form DEM-17B). This form should be signed by the EMC. <input checked="" type="checkbox"/> Application for Federal Assistance (form DEM-66). The Authorized Official should sign this form. <input checked="" type="checkbox"/> EMPG Staffing Pattern (form DEM-67). <input checked="" type="checkbox"/> EMPG Staff Job Description (form DEM-68). An <b>updated</b> job description must be provided for each staff member listed in the FY 04 EMPG Staffing Pattern who works less than 50 percent of their time in emergency management duties. <input checked="" type="checkbox"/> FEMA Form 20-16, Summary Sheet for Assurances & Certifications, must signed by an Authorized Official. Attach FEMA Form 20-16A, Assurances – Non-Construction Programs & FEMA Form 20-16C, Certifications Regarding Lobbying, Debarment, Suspension, & Other Responsibility Matters; and Drug-Free Workplace Requirements, to the FEMA Form 20-16. <input checked="" type="checkbox"/> If the applicant performs lobbying to influence federal actions, a completed Disclosure of Lobbying Activities (SF LLL) must be completed and included in the grant application package. <input checked="" type="checkbox"/> Direct Deposit Authorization (form 74-146). The Grant Financial Officer should sign this form. If the jurisdiction has been receiving EMPG reimbursements through Direct Deposit, a new Direct Deposit Authorization is <u>not</u> required. <input checked="" type="checkbox"/> Travel Policy Certification (form DEM-69). The Grant Financial Officer should sign this form.		
<b>7. CERTIFICATION:</b> <i>This Application together with the attached EMPG Statement of Work &amp; Progress Report (form DEM-17B) constitute the annual work plan for the emergency management program whose participants are listed above. The undersigned agree to exert their best efforts to accomplish all activities listed in the EMPG Statement of Work &amp; Progress Report approved by the Division of Emergency Management.</i>		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Authorized Official (signature)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"></div> Emergency Management Coordinator (signature)
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">9/1/04</div> Date		
<b>DEM USE ONLY</b>		
<b>8. APPROVAL:</b> <i>The attached Fiscal Year 2005 EMPG Statement of Work &amp; Progress Report is approved.</i>		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <input type="checkbox"/> State Coordinator		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <input type="checkbox"/> Assistant State Coordinator		

**DEM-17**  
7/04

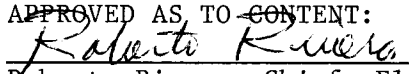
**ATTEST:**

Richarda Duffy Momsen  
City Clerk

**APPROVED AS TO FORM**

  
Marvin Foust  
Assistant City Attorney

**APPROVED AS TO CONTENT:**

  
Roberto Rivera, Chief, El Paso Fire

## DESIGNATION OF GRANT OFFICIALS

<b>Grant Program</b>	<b>FY 05 Emergency Management Performance Grant (EMPG)</b>
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<b>Applicant Name</b>	<b>El Paso City/County Emergency Management</b>
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	<b>Emergency Management Coordinator</b>
<i>Name</i>	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Ray Apodaca
<i>Official Mailing Address</i>	8600 Montana El Paso, Texas 79925
<i>Daytime Phone Number</i>	(915) 771-1010
<i>Fax Number</i>	(915) 771-1026
<i>E-mail Address</i>	apodacarx@elpasotexas.gov

	<b>Grant Financial Officer</b>
<i>Name</i>	<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms. Debra Tomboski
<i>Title</i>	Accountant III
<i>Official Mailing Address</i>	#2 Civic Center Plaza El Paso, Texas 79901
<i>Daytime Phone Number</i>	(915) 541-4843
<i>Fax Number</i>	(915) 541-4446
<i>E-mail Address</i>	tomboskydr@elpasotexas.gov

	<b>Authorized Official (Mayor or County Judge)</b>
<i>Name</i>	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. Joe Wardy
<i>Title</i>	Mayor
<i>Official Mailing Address</i>	#2 Civic Center Plaza El Paso, Texas 79901
<i>Daytime Phone Number</i>	(915) 541-4145
<i>Fax Number</i>	(915) 541-4501
<i>E-mail Address</i>	wardyj@elpasotexas.gov

**Fiscal Year 2005  
EMPG STATEMENT OF WORK & PROGRESS REPORT**

Page 1 of 5

<b>Applicant Name:</b> El Paso City/County Emergency Management			
This is our:	<input checked="" type="checkbox"/> Statement of Work	<input type="checkbox"/> Progress Report #1	<input type="checkbox"/> Progress Report #2

	Submitted By	Date	DEM Review By	Date
Statement of Work	Ray Resendez			
Progress Report #1				
Progress Report #2				

Task 1	Work Plan & Semiannual Progress Report
Work Plan	<input checked="" type="checkbox"/> We will submit an EMPG Application, two Progress Reports, and quarterly Financial Reports.
Progress Report #1	<input type="checkbox"/> This Progress Report # 1 is being submitted to the GDEM Preparedness Section. <input type="checkbox"/> First & Second Quarter Financial Reports have been submitted to GDEM Support Services.
Progress Report #2	<input type="checkbox"/> This Progress Report # 2 is being submitted to the GDEM Preparedness Section. <input type="checkbox"/> Third & Fourth Quarter Financial Reports have been submitted to GDEM Support Services.

Task 2	Legal Authorities for Emergency Management Program
Work Plan	<input checked="" type="checkbox"/> We will maintain current legal documents establishing our emergency management program. <input type="checkbox"/> Our legal documents are current & on file with GDEM; no additional action is required. <input type="checkbox"/> We will prepare or update & submit to our Regional Liaison Officer: <div style="margin-left: 20px;"> <input type="checkbox"/> Commissioner's Court Order  <input type="checkbox"/> City Ordinance(s) for:  <input type="checkbox"/> Updated Joint Resolution </div>
Progress Report #1	<input type="checkbox"/> We completed & submitted to our Regional Liaison Officer: <div style="margin-left: 20px;"> <input type="checkbox"/> Commissioner's Court Order  <input type="checkbox"/> City Ordinance(s) for:  <input type="checkbox"/> Updated Joint Resolution </div>
Progress Report #2	<input type="checkbox"/> We completed & submitted to our Regional Liaison Officer: <div style="margin-left: 20px;"> <input type="checkbox"/> Commissioner's Court Order  <input type="checkbox"/> City Ordinance(s) for:  <input type="checkbox"/> Updated Joint Resolution </div>

Task 3	Public Education/Information
Work Plan	<input checked="" type="checkbox"/> Option 1: We will conduct 30 hours of hazard awareness activities for local citizens. <div style="text-align: center;"><b>OR</b></div> <input type="checkbox"/> Option 2: We will prepare & distribute public education/information materials to a substantial portion of the community. In the space below <b><i>describe the materials to be distributed:</i></b>
Progress Report #1	<input type="checkbox"/> We completed the following hazard awareness or public education/information activities:
Progress Report #2	<input type="checkbox"/> We completed the following hazard awareness or public education/information activities:

*If you chose Option 2, a copy of the materials you distributed must be attached to your Progress Report*

**Applicant Name:** El Paso City/County Emergency Management

Task 4	Emergency Management Planning Documents
Work Plan	<p><input checked="" type="checkbox"/> We have reviewed our emergency management plan &amp; its annexes for currency.</p> <p><input checked="" type="checkbox"/> We will develop or update by revision or change these planning documents:</p> <p><input type="checkbox"/> Basic Plan Annexes: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input checked="" type="checkbox"/> J</p> <p><input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input checked="" type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V</p> <p>Other documents:</p> <p><b>NOTE:</b> Plans &amp; annexes dated September 30, 2000, &amp; earlier should be revised/updated this year.</p>
Progress Report #1	<p><input type="checkbox"/> We developed or updated and submitted to our RLO the following documents, together with the appropriate planning standards checklists:</p> <p><input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J</p> <p><input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V</p> <p>Other documents:</p>
Progress Report #2	<p><input type="checkbox"/> We developed or updated and submitted to our RLO the following documents, together with the appropriate planning standards checklists:</p> <p><input type="checkbox"/> Basic Plan Annexes: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J</p> <p><input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V</p> <p>Other documents:</p>

Task 5	Exercise Participation & Schedule		
Work Plan	<p><input checked="" type="checkbox"/> We will develop &amp; submit a two year exercise schedule (below).</p> <p><input checked="" type="checkbox"/> We will conduct &amp; report participation in a tabletop exercise and <u>and</u> a functional or full-scale exercise this fiscal year or obtain exercise credit for actual events for these exercises.</p>		
<b>EXERCISE SCHEDULE</b>			
Period	Exercise Type	Exercise Scenario *	Quarter of Year
<b>This Fiscal Year (FY 05)</b>	<input checked="" type="checkbox"/> Tabletop	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
(Oct. 2004 – Sept. 2005)	<input checked="" type="checkbox"/> Functional <input checked="" type="checkbox"/> Full-Scale	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>Next Fiscal Year (FY 06)</b>	<input checked="" type="checkbox"/> Tabletop	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4
(Oct. 2005 – Sept. 2006)	<input type="checkbox"/> Functional <input checked="" type="checkbox"/> Full-Scale	<input type="checkbox"/> NH <input type="checkbox"/> TH <input type="checkbox"/> NS <input type="checkbox"/> TR	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>A Full-Scale exercise must be conducted every three (3) years</b>			
<b>Our last Full-Scale exercise was conducted on (date):</b> 09/01/04 <b>Scenario*:</b> TR			
<b>*Exercise Scenarios:</b> NH = Natural Hazard, TH = Technological Hazard, NS = National Security, TR = Terrorism			

Progress Report #1	<p><input type="checkbox"/> We conducted a tabletop exercise and provided documentation to GDEM.</p> <p><input type="checkbox"/> We conducted a <input type="checkbox"/> functional, <input type="checkbox"/> full-scale exercise and provided documentation to GDEM.</p> <p><input type="checkbox"/> We requested functional or full-scale exercise credit for an actual occurrence from GDEM and our request was approved.</p>
Progress Report #2	<p><input type="checkbox"/> We conducted a tabletop exercise and provided documentation to GDEM.</p> <p><input type="checkbox"/> We conducted a <input type="checkbox"/> functional, <input type="checkbox"/> full-scale exercise and provided documentation to GDEM.</p> <p><input type="checkbox"/> We requested functional or full-scale exercise credit for an actual occurrence from GDEM and our request was approved.</p>

**Applicant Name:** El Paso City/County Emergency Management

Task 6	Training for Emergency Management Personnel																										
Work Plan	<p><input checked="" type="checkbox"/> EMPG-funded emergency management personnel will participate in the following training:</p> <table border="0"> <thead> <tr> <th><u>Position/Name</u></th> <th><u>Course Name(s) or Number(s)</u></th> </tr> </thead> <tbody> <tr> <td>1. Coord. Ray Apodaca</td> <td>NIMS ICS Class G193</td> </tr> <tr> <td>2. Coord. Ray Apodaca</td> <td>Texas Terrorism Awareness T950</td> </tr> <tr> <td>3. Ast. Cord Ray Resendez</td> <td>Multi-hazard Planning for Schools</td> </tr> <tr> <td>4. Ast. Cord Ray Resendez</td> <td>Advanced Mitigation Course G720</td> </tr> <tr> <td>5. Sect. Luz Elda Sanchez</td> <td>Emergency Planning G235</td> </tr> <tr> <td>6.</td> <td></td> </tr> <tr> <td>7.</td> <td></td> </tr> <tr> <td>8.</td> <td></td> </tr> <tr> <td>9.</td> <td></td> </tr> <tr> <td>10.</td> <td></td> </tr> <tr> <td>11.</td> <td></td> </tr> <tr> <td>12.</td> <td></td> </tr> </tbody> </table>	<u>Position/Name</u>	<u>Course Name(s) or Number(s)</u>	1. Coord. Ray Apodaca	NIMS ICS Class G193	2. Coord. Ray Apodaca	Texas Terrorism Awareness T950	3. Ast. Cord Ray Resendez	Multi-hazard Planning for Schools	4. Ast. Cord Ray Resendez	Advanced Mitigation Course G720	5. Sect. Luz Elda Sanchez	Emergency Planning G235	6.		7.		8.		9.		10.		11.		12.	
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Progress Report #1	<p><input type="checkbox"/> Emergency management personnel completed the following training:</p> <table border="0"> <thead> <tr> <th><u>Position/Name</u></th> <th><u>Course Name(s) or Number(s)</u></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> </tr> <tr> <td>4.</td> <td></td> </tr> <tr> <td>5.</td> <td></td> </tr> <tr> <td>6.</td> <td></td> </tr> <tr> <td>7.</td> <td></td> </tr> <tr> <td>8.</td> <td></td> </tr> <tr> <td>9.</td> <td></td> </tr> </tbody> </table>	<u>Position/Name</u>	<u>Course Name(s) or Number(s)</u>	1.		2.		3.		4.		5.		6.		7.		8.		9.							
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Progress Report #2	<p><input type="checkbox"/> Emergency management personnel completed the following training:</p> <table border="0"> <thead> <tr> <th><u>Position/Name</u></th> <th><u>Course Name(s) or Number(s)</u></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> </tr> <tr> <td>4.</td> <td></td> </tr> <tr> <td>5.</td> <td></td> </tr> <tr> <td>6.</td> <td></td> </tr> <tr> <td>7.</td> <td></td> </tr> <tr> <td>8.</td> <td></td> </tr> <tr> <td>9.</td> <td></td> </tr> </tbody> </table>	<u>Position/Name</u>	<u>Course Name(s) or Number(s)</u>	1.		2.		3.		4.		5.		6.		7.		8.		9.							
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**Applicant Name:** El Paso City/County Emergency Management

<b>Task 7</b>	<b>Emergency Management Training for Other Personnel</b>
Work Plan	[X] We will conduct or arrange emergency management-related training for elected officials, other local officials, & support agencies.
Progress Report #1	<p>The following individuals completed the training indicated: (Enter position/name and training completed)</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> </ol>
Progress Report #2	<p>The following individuals completed the training indicated: (Enter position/name and training completed)</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> </ol>

<b>Task 8</b>	<b>Emergency Management Staff Development</b>
Work Plan	[X] We will participate in the following emergency management staff development activities: Participate in LEPC, Joint Terrorism Task Force, Damage Pre Council, and Metropolitan Medical Response System, Terrorism Committee, Extreme weather task force, CERT training.
Progress Report #1	We completed the following staff development activities:
Progress Report #2	We completed the following staff development activities:

**Applicant Name:** El Paso City/County Emergency Management

**REMARKS**

(Use a Continuation Sheet if necessary)

## APPLICATION FOR FEDERAL ASSISTANCE

(Instructions on Reverse)

1. NAME OF PROGRAM/ ASSISTANCE: <b>EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)</b>	2. CFDA NUMBER: <b>97.042</b>	3. APPLICANT STATUS: [ ] New Applicant [X] Renewal
4. FEDERAL FISCAL YEAR: <b>2005</b>	5. START DATE: <b>October 1, 2004</b>	6. END DATE: <b>September 30, 2005</b>

## 7. APPLICANT INFORMATION

A. Legal Name of Applicant Organization (as it appears on the EMPG Application/DEM-17): El Paso City / County Emergency Management	B. Name & Telephone Number of Emergency Management Coordinator: Ray Apodaca (915) 771-1010
C. Mailing Address: 8600 Montana Ave. El Paso, Texas 79925-1214	D. Physical Address (if different from Mailing Address):

## 8. EMPG PERSONNEL SUMMARY (include only those staff that will be paid with EMPG funds):

## A. Number of EMPG Staff &amp; Percentage of Time Worked in Emergency Management Duties:

Full-time Employees: 2 staff at 100 percent.    \_\_\_ staff at \_\_\_ percent.    \_\_\_ staff at \_\_\_ percent.  
                                  1 staff at 50 percent.    \_\_\_ staff at \_\_\_ percent.    \_\_\_ staff at \_\_\_ percent.

Part-time Employees: \_\_\_ staff.

B. Total number of EMPG-funded personnel = 3

## 9. ESTIMATED EXPENSES:

A. Salary & Benefits (from line 19, form DEM-67)	205417.00
B. Travel Expenses (from line 20 form DEM-67)	7500.00
C. Other Expenses (from section 11 on reverse)	55506.00
D. Total Expenses (A + B + C)	268423.00
E. Federal Share (D x .50)	134211.50

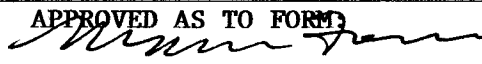

10. CERTIFICATION: I certify that to the best of my knowledge and belief this application and its attachments are true and correct.

A. Typed Name of Authorized Official:	Joe Wardy
B. Title of Authorized Official:	Mayor
C. Signature of Authorized Official:	
D. Date Signed:	

FOR DEM USE ONLY:

ATTEST:

Richard Duffy Momsen, City Clerk  
DEM-66  
7/04

APPROVED AS TO FORM:  
  
 Marvin Foust, Assistant City Attorney  
 APPROVED AS TO FORM:  
  
 Roberto Rivera, Chief, El Paso Fire Department

**INSTRUCTIONS FOR FRONT SIDE OF THIS FORM**

1. Except as indicated below, entries are self-explanatory.
2. Item 7A: Enter the legal name of your jurisdiction. Your entry should match the Applicant Name used on the EMPG Program Application (form DEM-17).
3. Item 8A: Indicate the number of full-time employees who work specific percentages of time in emergency management duties. Example: 1 staff @ 100 percent, 2 staff @ 50 percent. Also indicate the number of part-time employees. Include only staff members whose salary and benefits will be supported by EMPG funding. The data in this section should agree with the information included on the EMPG Staffing Pattern (form DEM-67).
4. Item 10 A, B, & C. This form must be signed by an Authorized Official, who is a person authorized by the governing body of the jurisdiction to apply for grants and accept grants and execute agreement and contracts on behalf of the jurisdiction. Authorized Officials are typically county judges, mayors, and many city managers – not emergency management coordinators.

## 11. OTHER ALLOWABLE EXPENSES:

Describe the other allowable expenses of your emergency management program that you are requesting be supported by EMPG funding and provide an estimate of the amount of those expenses. Continue on a separate sheet if necessary. Transfer the Total calculated below to line 9C on the front of this form. See the DEM pamphlet *Summary of Allowable and Unallowable Costs for the EMPG Program* (DEM-200) to determine whether a planned expense is allowable or not.

[illegible]

**EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG)**  
**STAFFING PATTERN**  
(Instructions on reverse)

<b>1. Applicant Name</b> (as it appears on EMPG Application): El Paso City/County of Emergency Management	<b>2. County:</b> El Paso	<b>3. Fiscal Year</b> 2005
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4. <b>FULL-TIME EMPLOYEES</b> (including those who work all or only a portion of their time in emergency management duties)	5. Gross Annual Salary	6. Gross Annual Benefits	7. Gross Salary & Benefits (5+6)	8. % of Work in EM Duties	9. Salary & Benefits for EM (7x8)	10. Est. EM Travel Costs
Name: Ray Apodaca Position: Coordinator	82483.69	26313.23	108796.92	100.00	108796.92	4000
Name: Ray Resendez Position: Asst. Coordinator	60064.31	20038.17	80102.48	100.00	80102.48	3000
Name: Luz Elda Sanchez Position: Secretary I	23692.64	9341.78	33034.42	50.00	16517.21	500
Name: Position:				0.00		
Name: Position:				0.00		
Name: Position:				0.00		
Name: Position:				0.00		
Name: Position:				0.00		
Name: Position:				0.00		
Name: Position:				0.00		
<b>A. SUBTOTAL</b>						

11. <b>PART-TIME EMPLOYEES</b>	12. % of Full Time	13. Gross Annual Salary	14. Gross Annual Benefits	15. Gross Salary & Benefits (13+14)	16. % of Work in EM Duties	17. Salary & Benefits For EM (15 x 16)	18. Est. EM Travel Costs
Name: Position:	0.00				0.00		
Name: Position:	0.00				0.00		
Name: Position:	0.00				0.00		
<b>B. SUBTOTAL</b>							

<b>TOTAL</b> Add Subtotals in A & B above						19. 205417.00	20. 7500
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**INSTRUCTIONS  
For Form DEM-67**

1. **Applicant Name:** The name of your organization as reflected in your EMPG Application (DEM-17).
2. **County:** Self-explanatory
3. **Fiscal Year:** Enter the fiscal year as a 4 digit number (2004, 2005, etc.)
  
4. **Full-time Employees:** List the name and position title of each EMPG-funded full-time staff member. This section of the form should be used for all full-time employees -- whether they work all or only a portion of their time in emergency management duties. If a position is vacant during the period when this form is prepared, indicate "Vacant" for the name.
5. **Gross Annual Salary:** Use whole dollars -- round up if necessary.
6. **Gross Annual Benefits:** Use whole dollars -- round up if necessary.
7. **Gross Salary & Benefits:** Add the values in columns 5 & 6.
8. **% of Work in EM Duties:** The percentage of overall work time that the full-time employee named in the first column spends on emergency management duties, stated as a decimal. For example, 25% = .25, 50% = .50, 100% = 1.00.
9. **Salary & Benefits for EM:** Multiply the values in columns 7 & 8. Use whole dollars -- round up if necessary. Enter a subtotal at the bottom of the table.
10. **Est. EM Travel Costs:** Enter estimated emergency management-related travel costs for each employee. Do not include travel costs that will be reimbursed by another state or federal program. Enter a subtotal at the bottom of the table.
  
11. **Part-time Employees:** List the name and position title of each EMPG-funded staff member who is a part-time employee. If a position is vacant during the period when this form is prepared, indicate "Vacant" for the name.
12. **% of Full Time:** The percentage of full-time that the person named in the first column works, stated as a decimal. For example, 40 percent of full-time should be entered as .40.
13. **Gross Annual Salary:** Gross annual salary for the percent of part-time work as indicated in item 12. Use whole dollars -- round up if necessary.
14. **Gross Annual Benefits:** Gross annual benefits for part-time work as indicated in item 16. Use whole dollars -- round up if necessary.
15. **Gross Salary & Benefits:** Add the values in columns 13 and 14.
16. **% of Work in EM Duties:** The percentage of overall work time that the person named in the first column spends on emergency management duties, stated as a decimal. For example, 25% = .25, 50% = .50, 100% = 1.00.
17. **Salary & Benefits for EM:** Multiply the values in columns 15 & 16. Enter a subtotal at the bottom of the table.
18. **Est. EM Travel Costs:** Enter estimated emergency management-related travel costs for each employee. Do not include travel costs that will be reimbursed by another state or federal program. Enter a subtotal at the bottom of the table.
  
19. **TOTAL Salaries and Benefits for EM.** Add the subtotals at the bottom of both tables to obtain this figure. Transfer this total to line 9A of form DEM-66.
20. **TOTAL Est. EM Travel Costs.** Add the subtotals at the bottom of both tables to obtain this figure. Transfer this total to line 9B of form DEM-66.

## EMPG STAFF JOB DESCRIPTION

Agency Name	El Paso City/County
Staff Members Name(s)	Ray Apodaca
Position Title	Coordinator
Description Prepared By	City of El Paso
Date Prepared	03/03

### JOB DESCRIPTION

A. Provide a general description of the duties performed by this staff member.

As Emergency Management Coordinator, participate in developing, organizing and executing joint City, County, State and Federal natural, accidental and terrorism disaster contingency plans and response operations. Involves: Advise elected officials on emergency management responsibilities and capabilities. Act as liaison to local, regional and national agencies to coordinate joint and reciprocal inter-jurisdictional rescue and recovery activities. Serve on committees to formulate, review and recommend strategies and tactics in accordance with State or Federal policies and military technology. Act as El Paso Metropolitan Medical Response System project officer and Federal Bureau of Investigation (FBI) Joint Terrorism Task Force fire department representative. Direct activities of staff during simulated or actual emergencies. Negotiate with property owners, civic and business leaders, and professional groups to provide emergency facilities and support services to meet survival needs. Originate and conduct emergency management training for functionally interested agencies and the public through formal classes and the news media. Acquire and distribute emergency response operations reference materials. Write and submit applications for State and Federal assistance. Prepare annual Federal grant, City and County funded unit budget. Devise and implement unit operating methods and set performance standards.

B. If this staff member performs both emergency management duties and other duties, identify the specific emergency management duties performed.

## EMPG STAFF JOB DESCRIPTION

Agency Name	El Paso City County Emergency Management
Staff Members Name(s)	Ray Resendez
Position Title	Assistant Coordinator
Description Prepared By	City of El Paso
Date Prepared	01/ 00

### **JOB DESCRIPTION: Emergency Management Assistant Coordinator**

#### **A. General Description of the duties performed by this staff member.**

Serve as division representative in meetings and on committees; supervise, coordinate, prepare and present emergency management training to emergency response agencies and the general public; complete state and local reports and distribute to appropriate personnel; coordinate updating and maintaining the El Paso City/County Emergency Operations Plan and annexes; develop and maintain a notification system to contact appropriate Emergency Operations Center (EOC) staff members; coordinate opening and activating the El Paso City/County EOC during major emergencies, disasters, and exercises; coordinate traveling to and inspecting potential disaster sites and structures; coordinate damage assessment during and after potential disasters; supervise the filing of exercise and EOC activation reports.

#### **B. If this staff member performs both emergency management duties and other duties, identify the specific emergency management duties performed.**



## EMPG STAFF JOB DESCRIPTION

Agency Name	El Paso City/County
Staff Members Name(s)	Luz Elda Sanchez
Position Title	Secretary I
Description Prepared By	City of El Paso
Date Prepared	09/91

### JOB DESCRIPTION

A. Provide a general description of the duties performed by this staff member.

Receives, refers visitors and phone calls and provides requested information or refers to appropriate person; answers questions pertaining to departmental policies and procedures; responds to complaints or refers them to supervisor; takes and relays messages and information; receives, sorts and distributes incoming mail; maintains files and records. Arranges time and place and takes minutes of board, committee and staff meetings; prepares, posts and distributes agenda and related materials; schedules appointments for supervisor and departmental staff; arranges travel itineraries for departmental staff; prepares and maintains records of departmental personnel; maintains time reports and prepares departmental payroll; prepares requisitions for supplies, equipment and maintains inventory; maintains petty cash fund; receives payments for goods or services, as assigned; coordinates clerical activities; operates office equipment such as typewriter, word processing and computerized input and retrieval systems; as assigned, maintains budget accounts.

B. If this staff member performs both emergency management duties and other duties, identify the specific emergency management duties performed.

FEDERAL EMERGENCY MANAGEMENT AGENCY  
SUMMARY SHEET FOR ASSURANCES AND CERTIFICATIONS

O.M.B. No. 3067-0206  
Expires February 29, 2004

FOR  
FY 2005

CA FOR (Name of Applicant)  
City of El Paso

This summary sheet includes Assurances and Certifications that must be read, signed, and submitted as a part of the Application for Federal Assistance.

An applicant must check each item that they are certifying to:

- Part I ☒ FEMA Form 20-16A, Assurances-Nonconstruction Programs
- Part II ☒ FEMA Form 20-16B, Assurances-Construction Programs
- Part III ☒ FEMA Form 20-16C, Certifications Regarding Lobbying;  
Debarment, Suspension, and Other Responsibility  
Matters; and Drug-Free Workplace Requirements
- Part IV ☒ SF LLL, Disclosure of Lobbying Activities (If applicable)

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the identified attached assurances and certifications.

Joe Wardy

Typed Name of Authorized Representative

Mayor

Title

Signature of Authorized Representative

ATTEST:

Richarda Duffy Momsen, City Clerk

Date Signed

APPROVED AS TO FORM:

Marvin Foust, Assistant City Attorney

NOTE: By signing the certification regarding debarment, suspension, and other responsibility matters for primary covered transaction, the applicant agrees that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by FEMA entering into this transaction.

The applicant further agrees by submitting this application that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the FEMA Regional Office entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. (Refer to 44 CFR Part 17.)

Paperwork Burden Disclosure Notice

"Public reporting burden for this form is estimated to average 1.7 hours per response. Burden means the time, effort and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0206). You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Please do not send your completed form to the above address.

**FEDERAL EMERGENCY MANAGEMENT AGENCY**  
**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND**  
**OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 28 CFR Part 17, "Government-wide Debarment and suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Federal Emergency Management Agency (FEMA) determines to award the covered transaction, grant, or cooperative agreement.

**1. LOBBYING**

A. As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 44 CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontract(s) and that all subrecipients shall certify and disclose accordingly.

☒ Standard Form LLL, "Disclosure of Lobbying Activities" attached.  
(This form must be attached to certification if nonappropriated funds are to be used to influence activities.)

**2. DEBARMENT, SUSPENSION, AND OTHER  
RESPONSIBILITY MATTERS  
(DIRECT RECIPIENT)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 44 CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. DRUG-FREE WORKPLACE  
(GRANTEES OTHER THAN INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR Part 17, Sections 17.615 and 17.620:

A. The applicant certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
ASSURANCES-NON-CONSTRUCTION PROGRAMS**

Note: Certain of these assurances may not be applicable to your project or program. If you have any questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant: **City of El Paso**

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration) 5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290-dd-3 and 290-ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Acts of 1968 (42 U.S.C. Section 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or Federally assisted programs. These requirements apply to all interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with provisions of the Hatch Act (5 U.S.C. Sections 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. Sections 276a to 276a-7), the Copeland Act (40 U.S.C. Section 276c and 18 U.S.C. Sections 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. Sections 327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. Section 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. Section 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Section 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Section 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

19. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (29 U.S.C. 201), as they apply to employees of institutions of higher education, hospitals, and other non-profit organizations.

# DIRECT DEPOSIT SIGN-UP FORM

## DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

## SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A NAME OF PAYEE (last, first, middle initial)</b> CITY OF EL PASO		<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
<b>ADDRESS (street, route, P.O. Box, APO/FPO)</b> #2 CIVIC CENTER PLAZA- 7th Floor		<b>E DEPOSITOR ACCOUNT NUMBER</b> 1 5 0 0 0 9 3 0 5 7 1	
<b>CITY</b> EL PASO,	<b>STATE</b> TX	<b>ZIP CODE</b> 79901	
<b>TELEPHONE NUMBER</b> AREA CODE (915) 541-4542		<b>F TYPE OF PAYMENT (Check only one)</b> <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)	
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b> Debbie Tombosky		<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b>	
<b>C CLAIM OR PAYROLL ID NUMBER</b> Prefix 746000749 Suffix		<b>TYPE</b> <b>AMOUNT</b>	
<b>PAYEE/Joint PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
<b>SIGNATURE</b> Debbie Tombosky	<b>DATE</b> 8/25/04	<b>SIGNATURE</b>	<b>DATE</b>
<b>SIGNATURE</b>	<b>DATE</b>	<b>SIGNATURE</b>	<b>DATE</b>

## SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

<b>GOVERNMENT AGENCY NAME</b> CITY OF EL PASO	<b>GOVERNMENT AGENCY ADDRESS</b> #2 CIVIC CENTER PLAZA- 7th Floor EL PASO, TX 79901
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## SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

<b>NAME AND ADDRESS OF FINANCIAL INSTITUTION</b> JP MORGAN CHASE BANK 201 E. MAIN EL PASO, TX 79901		<b>ROUTING NUMBER</b> 1 1 3 0 0 0 6 0		<b>CHECK DIGIT</b> 9
		<b>DEPOSITOR ACCOUNT TITLE</b> CITY OF EL PASO CONCENTRATION ACCO		
<b>FINANCIAL INSTITUTION CERTIFICATION</b> I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
<b>PRINT OR TYPE REPRESENTATIVE'S NAME</b> RISIE COLEMAN	<b>SIGNATURE OF REPRESENTATIVE</b> [Signature]	<b>TELEPHONE NUMBER</b> 8130104	<b>DATE</b> 8/30/04 9:55 PM	

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

## TRAVEL POLICY CERTIFICATION

<b>Jurisdiction Name:</b>	El Paso City/County Emergency Management
---------------------------	--

***Check one of the two blocks below***

☐

This jurisdiction has no qualifying travel regulations and EMPG participants requesting reimbursement for travel expenditures will do so in accordance with State of Texas travel regulations and rates. *The State Travel Allowance Guide* and the *State of Texas Mileage Guide* are available on the Comptroller of Public Accounts web site: <http://www.cpa.state.tx.us>.

**OR**

☒

This jurisdiction has its own qualifying travel policy, a copy of which is attached. EMPG participants requesting reimbursement for travel expenditures will do so in accordance with that policy.

<b>Name of Grant Financial Officer</b> (Printed or Typed)	DEBRA TOMBOSKY
<b>Signature of Grant Financial Officer</b>	<i>Debra Tombosky</i>
<b>Date Signed</b>	8/25/04

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  <div style="text-align: center;">16th District of Texas</div> Congressional District, if known:		<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:
<b>6. Federal Department/Agency:</b> Federal Emergency Management Agency		<b>7. Federal Program Name/Description:</b> Emergency Management Performance Grants CFDA Number, if applicable: <u>97.042</u>
<b>8. Federal Action Number, if known:</b>		<b>9. Award Amount, if known:</b> \$
<b>10. a. Name and Address of Lobbying Entity</b> (if individual, last name, first name, MI): Chapman, Jim Bracewell & Patterson		<b>b. Individuals Performing Services (including address if different from No. 10a)</b> (last name, first name, MI):
(attach Continuation Sheet(s) SF-LLLA, if necessary)		
<b>11. Amount of Payment (check all that apply):</b> \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned		<b>13. Type of Payment (check all that apply):</b> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____
<b>12. Form of Payment (check all that apply):</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
<b>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</b>   (attach Continuation Sheet(s) SF-LLLA, if necessary)		
<b>15. Continuation Sheet(s) SF-LLLA attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>		Signature: _____ Print Name: <u>Joe Wardy</u> Title: <u>Mayor</u> Telephone No.: <u>(915) 541-4000</u> Date: _____

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Standard Form LLL (Rev. 7-97)

ATTEST:

Richarda Duffy Momsen, City Clerk

APPROVED AS TO FORM:

Marvin Foust  
Assistant City Attorney